



**Bill Summary of the Funding
Provided to VA in H.R. 748,
the Coronavirus Aid, Relief,
and Economic Security
(CARES) Act**

Top line total for VA: \$19.6 billion

- **\$14.4 billion for VA Medical Services:** Supports increased demand for healthcare services at VA facilities and through telehealth, including the purchase of medical equipment and supplies, testing kits, and personal protective equipment. Also enables VA to provide additional support for vulnerable veterans, including through programs to assist homeless or at-risk of becoming homeless veterans, as well as within VA-run nursing homes and community living centers.

- **\$2.1 billion for VA Community Care:** Supports increased demand for care in the community, specifically emergency room and urgent care.

- **\$106 million for VA Emergency Management:** Supports VA's 24-hour emergency management coordination, including overtime, travel, transportation of materials, and training in the VA healthcare system. Also expands and maintains 24-hour operations of Crisis Response and Continuity of Operations Plan implementation at various sites and expands cleaning and sanitation service in high traffic facilities throughout the rest of the Department.

- **\$606 million for VA Medical Facilities:** Supports development of alternative sites of care and procurement of mobile treatment centers to meet the demand for healthcare services, improvements in security, and non-recurring maintenance projects to existing infrastructure and utility systems at VA facilities.

- **\$2.15 billion for VA Information Technology:** Supports increased telework, telehealth, and call center capabilities to deliver healthcare services directly related to coronavirus and mitigate the risk of virus transmission. This includes the purchasing of devices, as well as enhanced system bandwidth and support.

- **\$13 million for the Veterans Benefits Administration:** Provides additional software licenses and telework support for staff and enhances cleaning contracts.

- **\$150 million for Grants for the Construction of State Extended Care Facilities:** Supports modification or alteration of existing hospital, nursing home, and domiciliary facilities in state homes to prevent, prepare for, and respond to coronavirus.

- **\$12.5 million for the VA Office of the Inspector General:** Supports oversight of VA's efforts to prevent, prepare for, and respond to the coronavirus.

Summary of the additional authorities provided for VA in the CARES Act:

- Waiving Salary Caps for VA Staff: Waives Federal pay caps for VA health care workers during the COVID-19 emergency since many are working overtime beyond their normal work hours causing them to hit Federal pay caps.

- Safeguarding VA Benefits Eligibility: Ensures that any emergency funds received by veterans under the CARES Act would not count as income, so that no veterans/families lose VA benefits (including pension or VA health care) as a result of the payment.

- Health, Housing, and Job Training Access for Homeless Veterans: 1) increases the use of telehealth for the HUD-VASH program; 2) waives the Supportive Services for Veteran Families (SSVF) authorizing limit; 3) waives the Homeless Providers Grant and Per Diem (GPD) authorizing limit; 4) waives the requirement that a veteran is removed from GPD program after a 14-day absence, and 5) allows VA to pay a higher per diem rate and pay for a veteran even after a 3 day absence during the COVID-19 national emergency.

- Protecting State Veterans Homes - State Veterans Homes (SVHs) are a Federal-State partnership, run by States and partially funded by VA, and operate in all 50 states. This section:

- a. Waives the 90 Percent Occupancy Requirement for Payment – currently, SVH Nursing Homes receive a per diem payment (approximately \$112/day/resident) for caring for a veteran. The SVH can still receive the per diem, even if the resident is in the hospital, as long as the SVH maintains a 90% occupancy rate. With more elderly residents being affected by COVID-19 and being transferred to acute care, SVHs need a waiver on the 90 percent occupancy rate requirement so they can still receive essential funding to maintain their operations.
- b. Provides SVHs with access to PPE – Mandate that VA supply SVHs with PPE and supplies to keep veterans and staff safe. Currently, SVHs are being told to go to their County or State emergency management office for access to PPE and cleaning supplies.

- Flexibilities for Veteran Directed Care Program: Would allow telephone and/or telehealth modalities for new enrollments and 6-month renewals for the Program so that veterans can remain at home and avoid institutional care during the national emergency and would also provide uninterrupted service to veterans and payments to caregivers during COVID-19 by waiving penalties for late paperwork and the 14-day out of state limit.

- Prosthetics Flexibilities: Allows veterans with limb loss go to a local prosthetist instead of VA during COVID-19, since veterans with limb loss often have other comorbidities that make them more vulnerable to the virus.

- Access to PPE for Home Care Workers: Requires VA to provide PPE to all home care workers serving veterans through VA's home and community-based services program.

- **Telemental Health:** Allows VA to enter into agreements/contracts with telecommunications companies to provide or subsidize fixed or mobile broadband to veterans to provide telemental health for the duration of the public health emergency. Veterans in un- or underserved areas, rural or highly rural veterans, low income veterans, and any other veterans that are considered at higher suicide risk will be prioritized.

- **Transfer Authority** – Allows amounts made available to the Medical Services, Medical Community Care, Medical Support and Compliance, and Medical Facilities accounts to be transferred among the accounts. For amounts less than 2 percent of any account, Congressional notification required. For amounts over 2 percent, require Appropriations Committee Approval.